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Original Lectures.

INFLAMMATION OF THE MIDDLE EAR.

A CLINICAL LECTURE BY C. H. VILAS, A. M., M. D., PROFESSOR OF EYE AND EAR DISEASES IN THE HAHNEMANN HOSPITAL, CHICAGO.

Every practitioner who goes from this amphitheater to follow his profession will early be called upon to treat a certain number of ear diseases. Of these by far the larger portion in any given community will be those due to some form of inflammation of the middle part of the ear.

For convenience of discussion this inflammation may be divided into two forms—catarrhal and suppurative—and each of these may be considered as acute or chronic.

At the outset let the characteristic differences between catarrh and suppuration be attentively noticed: the former is characterized by a tendency of the original tissues to harden and stiffen, the latter by a tendency of the tissues to become broken down and swept away.

Acute catarrh is an inflammation which causes a secretion of mucus, but stops short of the production of pus. Absorption takes place, or the secretion is expelled through the Eustachian tubes. On the other hand, acute suppuration is an inflammation which quickly passes over the mucous stage and hurries on to purulent inflammation.

Unlike acute catarrh, it is almost never insidious in its attacks, but bold and pronounced.

The main causes of acute catarrh are colds in the head, the exanthematous diseases, the continued fevers, and exposure to wet and cold in any form. It always precedes acute suppuration, though in many cases the former is overlooked.

The heaviest form of acute catarrh, or inflammation of the middle part of the ear is ushered in by a sensation of fullness in the ear; hardness of hearing; pain in the ear, worse at night, when delirium may set in; noises in the ear; vertigo; nausea; and general fever, with anxious expression of the countenance and great restlessness. The drum-head is swollen and injected, and the pharynx is involved in a similar manner. Not infrequently the disease is mistaken for cerebritis or meningitis.

The lighter form may affect only one ear, and is very insidious in its course.

It has no pain, causes little deafness, usually slight tinnitus, and a stuffy feeling of the ears. The drum-head may show no change. The patient gives slight attention to it, being "afraid to have his ears tampered with," and it goes away in a few days, only to periodically return until it becomes firmly seated. The "earache" of childhood is identical with this form.

I have said that acute catarrh always precedes the suppurative form of middle ear inflammation, and I now add that it is the main cause, but often overlooked until suppuration is established. Suppurative symptoms are rapid and violent. The symptoms of acute catarrh are present in an intensified form. The pain is intense, generally referred directly to the ear, though often extending in all directions. The general fever and delirium are increased; the pus bulges out the drum-head, and unless incised, the latter soon gives way and the pus discharges through the external meatus. A diagnostic difference between catarrh and suppuration may be noticed in that any given quantity of mucus will not cause the bulging of

the drum-head that a like quantity of pus will. The tympanum in these attacks is practically a shut cavity by reason of the closure of the Eustachian tube, and confines a raging abscess, and the life of the patient is often greatly endangered owing to the proximity and intimate connection of the cranial cavity and its contents. Prompt treatment is sometimes necessary to save life, and saves long after-treatment in the event of recovery. Probably one-half of the cerebral abscesses originate from chronic disease of the ear.

Scarlet fever shows the greatest tendency of all the exanthematous fevers to implicate the middle part of the ear in the suppurative form. The attention of the practitioner should always be given to the ears of all sufferers by this disease. Did not time press, I should be glad to narrate some interesting cases, two particularly, which I saw in separate consultation with Professors Fellows and Gilman. I never saw more profuse suppuration in any case that the one I saw with Professor Gilman, nor more profound prostration and complete emaciation than in the case of Professor Fellows' patient. Both recovered, with perfect hearing.

The essential point in the treatment is to prevent either form from passing into a chronic state; hence I invite a careful consideration of the treatment incidental to the acute form of this inflammation.

For local treatment in the early stages, the best is a prompt application of the hottest water that can be borne, constantly increasing the heat as it can be tolerated. The aural douche is useful for this, or a bag syringe, the bag being hung up at a height sufficient to give the requisite gentle force. A few drops of a two to five-grain solution of atropia sulphate or of cocaine may be dropped into the ear, provided the drum-head is imperforate (to prevent pharyngeal poisoning), and will quickly, in combination with hot water, relieve the worst pain. Children only require a solution of one-half the strength.

The apparatus of Professor Adam Politzer, of Vienna, should be used to inflate the tympanic cavity and let out the secretions; if much is secreted or pus be evidently pressing, or inflation be impracticable, a paracentesis of the drum-head should be at once performed and repeated as often as essential. Mild attacks, however, are readily controlled by inflation and remedies.

The great object of the treatment of the catarrhal form is to cut it short and prevent suppuration, but if this sets in or the suppurative form be primarily the one present, delay must not be made in treating it accordingly.

Particular injunctions should be laid to prevent the patient from stuffing the ear with oils, molasses or other troublesome foreign bodies. Avoid poultices, induce sleep and give special attention to the free action of the skin.

It will be rare that you will see mastoid complications in acute forms, hence I shall barely allude to such a dire calamity, but speak of this trouble in connection with the chronic suppurative form.

Keeping constantly in your minds that in the chronic catarrhal form of middle ear disease the tendency is for the contents of the tympanic cavity and adjacent parts to become stiffened and hardened, and in the suppurative form to be swept away, you will be prepared to understand the dangers and difficulties of these formidable troubles.

The names which have been applied to the chronic form of middle ear catarrh are many and partially indicate the pathology, our knowledge of which is more or less incomplete. These are sclerosis of the tympanum, proliferous non-suppurative inflammation, progressive hardness of the hearing, etc.

The exciting cause is generally to be found in the acute form, though the underlying cause is a feeble state of the system, heredity, acquired or inherited syphilis, phthisis, defective hygienic care, extension by continuity of the mucous membrane from the pharynx through the Eustachian tube of a chronic catarrh, repeated attacks of acute middle ear catarrh imperfectly or improperly treated, diphtheria

often, scarlet fever oftener, perhaps, though I incline to the belief that the latter tends to the chronic suppurative form oftener than the former. All these are common causes and the list seems complete and terrifying when there is to be added that it is inseparable from certain climates, especially after an exhausting illness.

So formidable a trouble will necessarily occupy much of our time in the clinic, and I can do little more than run over the outline of causes and treatment. Before the winter is over, my associate and assistants will have so often dwelt on the many forms, that you will see that this form constitutes a large proportion of our most intractable cases. This we naturally regret, and the more especially because in early stages aural inflammations are readily amenable to treatment. But who would expect much success for a surgeon were a large proportion of his cases to confess that their bones were misplaced or broken ten to twenty years before and no effort had been made to replace or restore them? And yet you will see, and have seen, that very many allow this important organ to go without treatment for quite as long a time before presenting themselves here for relief.

The earliest subjective symptoms are generally noises (of which much complaint is usually made) and growing hardness of hearing, which usually comes on suddenly, often affecting the left ear first and then passing to its companion. Sharp twinges of pain are felt every day or two. All these symptoms are intensified by fatigue, prolonged conversation or nervous exhaustion of any kind. But nearly all, except the growing hardness of hearing, may be wanting in the severest cases of the proliferating form, whence its importance and dangers are underestimated until too late for relief.

More or less of the following symptoms are also usually present: a sensation of fullness in the ear, deafness, vertigo, a feeling of air-bubbles breaking and cracking in the ear, imperfect action and changes in the Eustachian tubes, chronic naso-pharyngeal catarrh, changes in the drum-head,

such as alteration in position and shape of the cone of light, deposits thereon, sinking and atrophy. The ear-wax diminishes in secretion, becomes brittle and later on fails altogether.

The disease is very tedious in its course, and often quite as much so in its cure. The noises in the ear are frequently most distressing, and in conjunction with the appearances of the drumhead, have been made the subject of exhaustive study, and some curious and some useful conclusions, but of less value in treatment than was at first thought and hoped for.

Ringing, or noises in the ear (tinnitus aurium), are more or less constant symptoms of most forms of ear disease, and often linger to the torment of the patient after all apparent disease has passed away. Such noises are the result of nearly all kinds of irritation of the auditory nerve, either in its course from the brain, or its final distribution in the labyrinth. Any change of the normal pressure of the labyrinthian fiuid, as when the stapes is pressed in or drawn out, produces noises in the ears in direct proportion to the force exerted. The noises are usually associated by the patient with some familiar sound; but it is generally impossible to tell from the nature of the noises where the cause is, for the pressure sufficient to produce these noises may be occasioned by a collection of fluid within, or a swelling of the lining of, the tympanic cavity; by all obstructions of the Eustachian tubes sufficient to interfere with the ventilation of the tympanic cavity; by the exclusion, by obstruction from any cause, of the air from the external meatus; and other similar causes. Crackling noises are caused by air passing through the mucus in the tympanum in the moist stages. Pulsating noises arise from any obstruction in the arterial circulation, and in cases of aneurism sometimes become so loud as to cause deafness, as we saw in the case of an army officer some time ago. A changed condition of the blood, as in anæmia and chlorosis, produces a noise similar to the venous blowing heard in chlorotic females. All labyrinthine diseases, and often

blows on the head, or violent concussion from any cause, are productive of noises in the ear. It is somewhat singular that such violent shocks to the drum-head as are produced in naval warfare when the shock and din are terrific in the close quarters within which men are necessarily confined, should cause so few cases of chronic tinnitus.

Two classes of chronic catarrh of the middle ear are sufficiently well marked to deserve special attention—the wet and the dry—and seriously affect the prognosis; the former being far more responsive to treatment than the latter. In the former, under suitable medication and local treatment, a more or less satisfactory restoration of hearing and cure may be foretold; in the latter, in the hypertrophied stage the prognosis is unfavorable, in the atrophied hopeless. Proliferating bands are thrown out, quite like spider-threads, and tie down with firm grasp the delicate structures. A peculiar odor, doubtless due to the altered secretion of the buccal glands, well simulated by moistening the finger with saliva and allowing it to slowly evaporate, may be noticed about the breath of the majority, and is most marked in the female.

The treatment is a matter for careful consideration in individual cases, and each kind will often be explained very fully in conjunction with our many cases in the clinic and sub-clinic rooms. It requires great patience and thoroughness of detail, for no class of ear troubles so stubbornly opposes the remedies proposed for its relief. The incomplete knowledge of the pathology, the inaccessible position of the parts to be treated, and the often vacillating mind of the patient, combine to render the treatment tedious. Furthermore, a hap-hazard, empirical plan of trying this and that, in the vaguely extectant hope of relief, has nearly always been pursued ere the patient comes under regular, careful treatment; and even then some meddlesome enthusiast will lure the patient away to try some nostrum, to again return worse than ever. Many also allow their caution or prejudices to so long delay any attempt at cure that a bad result is already assured.

Almost every one of these hopeless wrecks will also assure you that the eyes of their community are on them, and that if you can cure them, your office will be filled and your pocket-book overflowing. And well may they! for no more tiresome and hopeless problem in diseased humanity could be afforded you to ravel.

Hence, inasmuch as the general, local and internal treatments of this form are so many and of such a complicated nature, they will form the subjects of a separate lecture.

Chronic suppuration (otorrhœa) is evidenced by a discharge and accompanying odor from the external meatus. This may vary much in quantity and frequency, and is a source of great danger to the patient, many lives being lost from the burrowing of the pus and destruction of the delicate barriers of the brain. Many sufferers have been warned to let the discharge alone, and much nonsense is heard about a discharge here being "a safety-valve to the brain," innocuous or beneficial. Such a discharge is always a warning that suppuration is progressing within, and demands relief. While I have no doubt that great harm might result from improperly stopping such a discharge, thus practically corking it up, no harm ever results from curing the cause, and thus arresting the effect.

The chief causes of chronic suppuration are inflammation of the tympanic cavity and surrounding parts, and disease of the bones. I have already specially mentioned scarlet fever as a great factor in this affliction.

If the exuding pus be now removed from the auditory canal a perforation of the drum-head may be seen, most frequently in the posterior inferior portion, though it may be anywhere, varing in size from a pin-hole to two-thirds of the membrane. A drop of pus is often adherent at the perforation, and beats synchronously with the heart's action. The external meatus and the outer surface of the drum-head have a bright red appearance, due to the constant bath of pus. The pharynx is usually in a catarrhal state, and the general health impaired.

In any form of treatment there must be absolute cleanliness of the tympanic cavity and external canal. The anatomical relations are such that the foul discharge cannot escape by gravity; and inasmuch as it is a source of constant irritation and self-perpetuation, its removal must be effected.

Quite a little war has arisen between the advocates of what are known as the wet and dry forms of treatment. The advocates of the former use the syringe and some fluid to clean the cavities; those of the latter use dry absorbent cotton, or similar material, to swab out the parts. It is unnecessary to dwell on such slight matters. Individual cases will demand each, and neither alone is always successful. The main object—to cleanse the cavities—should not be lost sight of in discussing the methods. When the wet method is to be used, the ear should be syringed out with a hot carbolic solution sufficient to remove the detritus, and then extreme care be had that no cold is taken as a result of the syringing. When the dry is preferred, the absorbent cotton should be used on a flexible wire cotton-holder, great care being used not to scratch the delicate canal. Politzer's apparatus should be used to aid the cleansing, if necessary. Thoroughly done, cleanliness alone is often all the local remedy required, and in connection with internal remedies, will effect a cure.

Not all cases will get well under cleanliness and internal remedies, however, and an astringent or caustic may be required. I shall not dwell on them nor the methods of their use, because you will see them well used in our clinical service, and a verbal description alone cannot acquaint you with the best methods nor convince you of the benefit from their use.

Polypi are a frequent result of neglected suppuration and demand a consideration in this connection. Though sometimes liable to be confounded with malignant growths, their diagnosis is generally easy.

They usually consist of loose connective tissue, cells and blood-vessels, partaking of the nature of fungous granula-

tions and most commonly grow from the tympanic membrane, more rarely from the surface of the inner half of the external canal. Of a bright-red color, usually granulated like a strawberry, though sometimes smooth, they vary in size from a pin-head to a long tortuous body, closing entirely the external canal and even appearing beyond the external meatus. They may be attached by a more or less narrow peduncle or rest upon a foundation approximating their size. Soft and exceedingly tender, they bleed on slight contact and continually bathed in pus, are offensive in odor.

Their soft, pliable, spongy nature, constantly moistened by the pus, often makes the mechanical obstruction of the canal, and consequent retention of pus, a source of much danger.

Their removal is a step preliminary to the treatment of the otorrhœa. A drop of acid, chromic, nitric or carbolic, will suffice for those of small size. Large ones may require excision or evulsion, and there are many devices for this purpose, more or less useful, but generally unnecessary. A saturated solution of bi-chromate of potash applied directly, will sometimes be effectual and has the advantage of being painless. Frequent opportunity will be afforded you to witness their removal and judge of the best measures to this end.

The consequences of supressed suppuration demand more time than I have at disposal, but we may in this connection glance at them before being obliged to stop by the expiration of my hour.

Periostitis is the most common mastoid complication and is apparent by tenderness on pressure over the mastoid region of the temporal bone, accompanied by swelling, redness and pain, the latter often violent. It requires a prompt incision down to the bone and then poulticing. Even though no pus is found, the relief is great and very acceptable to the sufferer. In the later stages it is often too late to save life, and the suppuration proves to be of a most foul odor. Caries and necrosis are consequences of this trouble and demand most careful surgical interference, not to be in-

telligibly described, but demonstrated to you in the sub-clinic room. The terrible ravages incident to a postponement of these operations when demanded will, it is believed, lead you to an appreciative study of their methods and demands.

VASO-MOTOR NERVE DISTURBANCES DURING THE CLIMACTERIC.

By PROF. E. STILLMAN BAILEY, M. D.*

PART II.

From the clinical history of more than two hundred patients treated in the medical clinic for the diseases of women in Hahnemann Hospital in the year past, nine reported that they had passed through the climacteric, while seven patients have applied for treatment for the various affections incident to this period.

The percentage of cases thus collected is very small, and from it the inference can be readily drawn that to study this class of disorders, a very large experience is necessary if anything like an intelligent computation as to how frequently various forms of climacteric disorders do really occur. The popular notion is that all women must suffer about so long and so much and that there are very few avenues of escape, so few, in fact, that climacteric disorders wear themselves out and thus in time are cured by non-interference.

This paper will deal more in the way of submitting some interesting data respecting these matters. First, as to the time and manner of the cessation of menstruation:

(*a*) *The time.* By referring to the statistics obtained in a very large number of cases, an impression is at once given concerning two conditions as having a very decided bearing upon the time of cessation, viz., heredity and climate.

The former is valuable to us from the fact that our population here is a mixed one and many of our patients are of foreign birth, and though living in a new climate to

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* Continued from page 321.

them, heredity does not yield to climatic influences prior to one or two generations, and there is after all a reasonable clinical significance in noticing nationality in this study.

From the averages obtained from a large number of sources of the foreign-born population, for the English matrons the date of normal cessation is fixed at forty-seven years and nine months; for the French woman at forty-six years and three months; for the Germans at forty-seven years; the Norwegians at forty-eight years and ten months. The Danish women cease menstruating nearly five years before their neighbors of Norway, or at forty-four years and eight months. In American women the normal cessation is placed by general average at an approximate date only and is given as varying from the forty-second to forty-fifth year.

Nothing is positively known as to the date of cessation in tropical countries, and that of the extreme north is not under the fiftieth year. Hindoo legislators place the menopause at fifty, and the religious rites of that country at fifty-three years. The date of normal cessation is interesting to know, the date of cessation in the diseased or morbid condition is important, as the change here works favorably as a rule, in assisting in eliminating a pathological state. The date can only be certified to after the event, but the probability of its occurrence enables a practitioner to interpret the present and predict a more favorable future.

There are exceptional cases of early and late cessation, the clinical significance being of but little value if the practitioner can determine that the causes are not influenced by pathological conditions.

(*b.*) *The Manner of the Cessation:* The change of life may be reasonably predicted, when after the fortieth year there is a gradual diminution of the menstrual flow, or the gradual prolongation of the inter-menstrual periods, or when the menstrual flow has been several months absent or irregular, or is too scanty or too abundant. An occasional flooding at the time of the menses is a good sign of approaching the change. Irregularity, when the factors of lactation, preg-

nancy or uterine diseases are intelligently eliminated, is the one most valuable symptom. The quantity not only is changable, but so is the quality—it is sometimes blacker than before, or more clotted or sero-sanguinolent; or by some described to be like cinder dust and water, or dirty green water, or very like the "mere show" of a labor, or the last of a lochial discharge.

Instead of uniformity of symptoms existing at the menopause the fact is, there is an almost endless modification of symptoms.

Tilt, in his excellent essay, gives this very valuable and interesting table of the modes of termination of the menstrual flow in six hundred and thirty-seven women where the conditions had been very accurately observed:

One hundred and seventy-one women changed by the gradual diminution of the menstrual flow; ninety-four by the sudden cessation of the usual flow. It was his observation however, that during the first part of the change in a large number where there was normal cessation, that the menstrual period was prolonged to eight, ten or fifteen days, and that during the latter part of the "dodging time" the menstruation was a mere stain.

Forty-three women ceased with a sudden stopping and a terminal hemorrhage; eighty-two by a terminal flooding; fifty-six by a succession of floodings; thirty-six by alternate copious or scanty menstrual flow; ninety-nine by irregular intervals longer than twenty-one days, and twenty-three by irregular intervals longer and shorter than twenty-one days.

It is a well-known fact that sudden emotions cause menstrual irregularities, and it is not difficult to see how intimately the emotional nature of women is severely tested at the time of the change.

From the same author's tables I quote that out of five hundred women who sought advice for diseases at the climacteric, four hundred and fifty-nine were sufferers from some form of nervous irritability. Three hundred and one patients came to the climacteric suffering from neurotic af-

fections, such as neuralgia and cerebro-spinal and ganglionic perturbations. From the same source of information "it is conclusively demonstrated that the majority of women approach and continue through this critical epoch in a marked condition of general nervous debility." They have gone through the child-bearing period and never rallied to the standard of health. There is nowhere near the danger of the patients, numerically considered, suffering from floodings excessive or cancers or ovarian growths, that there is that they will be poorly prepared to resist the tortures of the neuroses that comes with the poverty of general nutrition. In point of fact, anæmia, chlorosis, dyspepsia, vomiting, biliousness and diarrhœa are ten times more frequent than paralysis and twenty times oftener than any morbid growth in connection with the generative tract.

Headache is a frequent disorder during the climacteric; it occurs in nearly one-half of the cases. Faintness, varying only in degree, occurs in very nearly sixty per cent of all cases. The neurotic element so well known as the hot flushes or flashes, and which is so purely a vaso-motor disturbance, occurred in two hundred and eighty-seven of the five hundred patients.

Two hundred patients suffered from copious perspirations following the heat flashes. The pains attending the change are not confined to any part of the body, though the greater number suffered with the distress in the back, there being not so very much difference in point of numbers over those suffering with some form of abdominal pain. The proportions being of the former two hundred and twenty-six to two hundred and five of the latter.

Another source of anxiety in the popular mind is in some places deeply rooted, that dire results are bound to follow should the patient cease menstruating suddenly. The error being in the supposition that the retained fluids are bad or poisonous. On this point it is interesting to note that in a series of observations in three hundred and eighty-three patients who had ceased menstruating, two hundred and twenty-three suffered much; one hundred and

twenty-one little, and thirty-nine not at all. Sudden cessation occurred in fifty-five cases out of the two hundred and twenty-three who suffered most, in thirty-one out of the one hundred and twenty-one who suffered little, and in twenty-three out of the thirty-nine cases who did not suffer. It was also determined on research that of these thirty-nine cases there had been a singular absence from all menstrual disorders; in many the menstrual flow began suddenly, continued regularly through life without disturbance, and ended suddenly.

It was also observed that in these cases of sudden cessation that a critical discharge, most frequently a well-sustained perspiration supplements the menstrual flow. The question of the critical discharges is one of great importance in this connection, and will form part of the next paper on this subject.

Clinical Society Transactions.

HOWARD N. LYON, M. D., SECRETARY.

AUGUST MEETING, 1890.

The regular monthly meeting of this Society was held on Saturday evening, August 30th, at the club-room of the Grand Pacific Hotel. Dr. Barrows presided, and for a mid-summer session, an unusually large number of members and students were present. Much interest was manifested in

THE REPORT OF THE BUREAU OF THE DISEASES OF CHILDREN, SHELDON LEAVITT, M. D., CHAIRMAN.

LARYNGISMUS STRIDULUS.—BY DR. S. LEAVITT.—From the fact that we dignify laryngeal spasm by a separate consideration, it must not be supposed that we have lost sight of the truth that it does not constitute a disease *per se*, but is only a symptom more or less significant of other and more profound disturbance of the system. To the unskilled eye it may constitute the most prominent indication of serious disease, and may, therefore, be made the point of most direct and persistent attack with therapeutic measures; but to the skilled clinician it will not assume such importance. At the same time it is an index of what is going on elsewhere; a sort of thermometer by which we may gauge the nerve heat, so to speak, or a barometer from which we can gather important indications of what is in store for the unhappy patient. The signal-service officer thoughtfully studies the temperature range and the barometric pressure in making up his opinion of the approaching weather: so, likewise, the careful physician thoughtfully considers such indications as the one now under review in making up his opinion of the physical and mental state of his patient in the near future. Neither the

signal-service officer nor the physician, as events clearly show, is infallible; yet, we rejoice to say, no more errors are set down to the latter than to the former.

The proximate causes of laryngismus stridulus are numerous, but the remote causes may be said to reside almost wholly in nutritive disturbances. One of the most prominent diseases of defective nutrition is rachitis, and it is mainly in connection with this, either in incipiency or full development, that the symptom under review is met. It will be understood, then, that I do not mean to say that most of the children who are the subjects of laryngismus stridulus have rickets; but I do not care if you construe my words to mean that the most of them have rachitic tendencies.

Rachitis in its incipiency is often overlooked. The child has been eating or nursing well and gaining rapidly in flesh. In the presence of these conditions, they being some of the most significant of good nutrition, we may fail to observe indications which point, nevertheless, to a vice in the nutritive processes. Notwithstanding the good appetite and the increasing weight, there are pallor, a peculiar sensitiveness of certain parts of the body to touch, unnatural perspiration about the head, excessive nocturnal restlessness, darkness and prominence of the veins of the temples and clay-colored stools, with alternate constipation and diarrhœa. A child in whom digestion and assimilation are going on in a normal manner is very sure to have quiet and refreshing sleep. With some or all of these symptoms present, we may be told by the mother that when crying the baby "holds his breath" to an alarming degree. This state of things going unchecked, we shortly have a typical case of laryngismus stridulus.

There is no doubt that cases do occur as examples of special neuroses, but most of them owe their origin to reflex disturbances, not necessarily, but usually, connected with, and given force and point by, a condition of malnutrition. It is said that the symptom often arises from the irritation of teething, but I question whether the eruption

of teeth would ever cause a spasmodic movement of this kind in a child whose nutrition is perfect. The cause may sometimes rest in chronic hydrocephalus.

The exciting causes of attack are usually found to act through the emotional sphere. Laughing, crying, and hard fits of coughing, through the excitement which they occasion, may precipitate an attack. The nervous system is sometimes so sensitive that a harsh word, a quick movement, a loud noise, or even a sudden awakening may excite the spasm. I have seen it occasioned in some instances by the sudden sight of one who had come near the child without in any way announcing his approach.

To the mother, unfamiliar as she usually is with the heralds of such an onset, the first serious attack makes a sudden appearance. Still, when we inquire into the history of the case, we learn that there had been a series of symptoms pointing to constitutional disturbance. Before a complete manifestation of such symptoms the child usually gives evidence by slight attacks of spasm of the glottis, commonly known as "holding the breath," of being in a spasmodic condition. The thumbs and great toes are also observed to turn inward in a tensive way. Not long since I was called to see a child who was supposed to have some rheumatic trouble with the feet, which made all attempts at walking exceedingly painful. On careful inspection the trouble was found to be one of spasmodic rigidity of the muscles of the feet and legs, and proper treatment brought relief.

A seizure may be ushered in by crying, laughing, signs of fright, or even without the action of these. It may come on immediately after or during sleep. I am of the opinion that an attack seldom sets in during sleep, but that it is the result of sudden and distressful awakening. Frantic efforts are made at respiration, but the breath is effectually excluded from the lungs by the firm contraction of the adductor muscles of the larynx. The face at first pale, becomes dusky, and then livid, the child frequently approaching the point of fatal suffocation before relief

finally comes, and air enters the relaxing larynx with a crowing sound quite characteristic of the ailment. It is the relaxation which necessarily follows a high degree of asphyxiation, which unlocks the spasm and saves the life. This as a rule, though death is said sometimes to ensue before relief comes. But such cases could probably be saved by timely use of artificial respiration. In severe attacks, and probably in most of those which terminate fatally, the muscles of the chest are involved in the spasmodic movement.

The symptom is peculiar to infant life, though occasionally appearing in adolescence. A few months ago I was called to see a young lady, cachetic looking and poorly nourished, who was suffering from an attack as marked as any which I ever saw in an infant. It usually develops during the first year of life, and most frequently at or near the eighth month, though occasionally much earlier. In a poorly-nourished child—one too from a scrofulous mother—I observed it during the first few days of life. It occurs more frequently in boys than in girls. Unsanitary surroundings are favorable to its development.

Post mortem examination of the children who succumb to the disorder show no appearances peculiar to it, those only being found which are common after asphyxia. In rare instances, thickening, as well as congestion of the meninges of the brain have been observed. In other cases changes in the consistence of the pneumogastric nerve have been found. The larynx itself shows no pathological change.

It is evident that the symptoms denominated laryngismus stridulus are nearly always the result of reflex influences. The point from which they radiate may be in almost any part of the body, and the degree of irritation requisite to the production of the spastic phenomena, differs greatly in degree according to the sensitiveness of the nervous system to impressions. Where a broad basis for the development of such disordered nervous action is laid in defective nutrition, very slight irritation only is required to precipitate a paroxysm. A mere breath of emotional

excitement, the pressure of a coming tooth, or the presence of a little indigestible matter in the intestinal canal, is often in such children amply sufficient to provoke not only spasm of the glottis, but also general convulsions.

In well-defined cases of laryngismus stridulus, the spasmodic action is not usually confined to the glottis only, but involves all the constrictor muscles of the throat, so that during an energetic attack no air can possibly enter the trachea. Such complete interruption of respiration, for even a brief period, may of course prove fatal. Still death is rare. I have never seen such a result from this cause, but it has been reported. Usually the attack is of short duration, relief in bad cases being obtained by the relaxation which ensues from deprivation of oxygen for even a few moments.

Treatment may require to be both palliative and remedial. If the attack set in with violence and frequency of seizure, threatening general convulsions, I should feel it my duty to administer for temporary effect, immediately to rescue the child from impending harm of a serious nature, some remedy which is known to allay nervous perturbation; and I would hold the child under its influence till such time as the constitutional derangement upon which the nervous disturbance depends, has been corrected. One of the best remedies with which to accomplish this purpose is the bromide of potassium. From two to five grains, according to the age of the patient, every six hours, will sometimes suffice. Still this is not the remedy which I prefer. Chloral will usually serve the purpose much better, the necessary dose being a little smaller than that of the bromide of potassium. For very young children, in this and in general convulsions, I often put about five grains into two tablespoonfuls of water, and order a teaspoonful to be given as often as threatening symptoms appear.

Chloride of lime in the room to the extent of a faint odor is beneficial, and diminishes, or altogether obviates, the necessity for use of the foregoing anti-spasmodics.

These are the only remedies which I use for palliative purposes. We are bidden in some text-books to administer chloroform during the paroxysm; but, in view of the utter failure of the respiratory movement, this is most irrational advice. If no air is inhaled, of what service is chloroform? When once inspiration is effected the paroxysm is usually broken.

Before entering upon a systematic treatment of a case we should make a thorough examination with a view to search out the location and nature of possible foci of irritation which may constitute the exciting cause of the paroxysms. These points of irritation may lie in the intestinal canal, in the stomach, in the gums, in the prepuce, in the rectum, or in some other part. If such are found, they ought certainly to be removed. This implies that we shall employ remedies to correct bowel disturbances, to expel worms, to control vomiting; that we ought, in certain cases, to lance the gums, to perform circumcision, and so on through the list. Concerning these I shall say nothing further at this time.

But in removing these we will not be doing all that is required, for there lies below them, as a rule, a constitutional discrasia or vice which demands more attention than all else, and by the remedying of which we will effectually cure our patient. Nevertheless, to effect improvement is out of the question unless the conditions which have insidiously brought about the mischief are corrected and hygienic influences are brought to bear. If the child is being improperly fed, right food at right intervals must be insisted upon; if he lives in damp and sunless rooms, he must be moved; and if he is kept too much within doors, he must be sent out. Attention to such details will do more to set the patient aright than any number of remedies in any potency.

One thing in particular should be mentioned in connection with the question of food, and that is that many children are made rachitic by being kept on the breast, wholly or partly, when the milk supplied by the mother is quite

unfit for satisfactory nutrition. I have seen this in many instances, and, from the moment of weaning and the substitution of fresh cow's milk or other good food, the children have at once shown signs of improvement.

The matter of bathing demands some attention. There is such a thing as overdoing this in both children and adults, but not if done in the right way. A daily bath should be given. By this I do not mean that the child should be stripped and put into the tub every day, but that water should be applied to the whole body as a diurnal practice. What I here say in respect to bathing is equally applicable to children who are well. Let the baby be taken into a warm room and either wholly divested of its clothing, or partly so at one time, provided the clothing can be protected from dampness, and water applied with a sponge, a wash-rag, or, what is equally good, the hand, at a temperature, primarily, of about 80°, gradually lowered from day to day till it reaches a temperature of about 60°. This should be done quickly, the whole proceeding not ordinarily occupying more than one minute, and followed by a brisk, yet gentle, wiping and hand-rubbing for several minutes. After thorough reaction has been set up, the clothing ought at once to be replaced. This is what might be called a quick sponge bath, and I believe it to be good for both child and adult at all seasons.

In these perplexing cases the bowels are quite disposed to be either diarrhœic or constipated, and will require attention. A movement should be secured every day until permanent relief is afforded by remedies, but not by means of laxatives: a small enema or rectal suppository answering every purpose.

The curative remedies are, first of all, those suitable to rachitis; in the front rank standing calcarea carbonica, silicea and arsenicum iodatum.

Calcarea carb. doubtless occupies the most prominent place and is especially indicated by the early symptoms, such as late teething, broad fontanelles, perspiration about the head, light stools, curdy movements and restless nights.

Should the child be of a scrofulous diathesis, with a tendency to accumulate fat, and yet without the ordinary expression of health, this remedy would be the more strongly demanded.

Silicea is not so frequently indicated, but sometimes serves an admirable purpose. Some of the symptoms which call for it are the scrofulous diathesis, pale, waxy appearance of the skin, sensitiveness to every impression, a tendency to emaciation and deficiency of animal heat.

Arsenicum iodatum does excellent service when the child is restless and uneasy, has sore mouth, a disposition to looseness of the bowels, skin easily chafed and the food often vomited.

Sulphur will be indicated in weak cachetic children, with roughness of the skin.

Calcarea phosphorica when there is decided evidence of a deficiency of earthy salts in the osseous system ; and

Cuprum, gelsemium, magnesia phos., nux vomica and probably many other remedies in particular cases.

DISCUSSION.—DR. J. P. COBB : I agree that this symptom occurs in a reflex way, but I differ in regard to the influence teething has in causing it. It seems to me to be at times the exciting cause. The essayist states that this trouble appears most frequently at the time of teething, and this would lead us to lay it to that cause.

For the temporary relief of the spasm, I have had marked success from the use of chlorine water. I take the usual solution of chlorine water, which can be obtained at any drug store, and dilute it with water to about the third potency. Unfortunately, this is not always at hand, but if the condition is liable to remain long it can be quickly procured.

The homœopathic trituration of naphthaline also acts well as a palliative.

I would add the calcarea iodide to the list of remedies given. To me it is more satisfactory than calcarea carb., especially when there are enlarged glands.

DR. L. D. ROGERS: I am satisfied that this trouble is reflex and consider dietary errors the most frequent cause. Not only is it true of this but of three-fourths of the diseases of children.

DR. W. A. SMITH: I have had but one case and a gravestone marks that. The child was but five days old. During the spasms it would turn black and blue and the sound resembled that produced on blowing through a chicken's wind-pipe, and if you have lived on a farm you know what that is.

DR. S. W. ANDREWS: I have had some experience with this trouble but have not been as unfortunate as Dr. Smith as I have not lost a case.

Aconite is my main remedy; belladonna is next, and the child is immediately put into a warm bath.

DR. R. M. BARROWS: I have seen a good many cases of this form of laryngismus and in my experience many of them have apparently been due to teething. If the gums are much swollen lancing gives relief. Camphor rubbed about the nostrils and belladonna 3 every ten minutes gives me most prompt relief in teething. A number of cases due to bowel troubles have been relieved by enemata.

DR. SMITH: If you look back over your case-books you will find that adults as well as children are affected with diarrhœa. Do you consider that in the case of adults it is an effect of teething. If teething is a pathological and not a normal condition then the Lord made a mistake when he created a function that would endanger life. The trouble is mainly an error in diet. We don't feed our babies right. In old times we used to bleed and relieve them.

DR. H. P. SKILES: I don't know the cause but do not believe that it is the teeth. If the swelling of the gums is marked I lance them, but not otherwise.

DR. S. W. ANDREWS: All the cases that have come under my care have been due to errors of diet.

DR. N. C. KEMP: I had a case last week in which the spasm of the throat was well marked, and in addition there was a general spasm of the entire body lasting for over

half an hour. As there was no bowel trouble I attributed it to teething, the child being eight months old and had not yet cut its first tooth. Chloroform was the only thing that gave relief.

DR. H. P. SKILES: Why do you think it was due to teething?

DR. N. C. KEMP: I don't really know.

DR. R. M. BARROWS: I suppose you laid it to the teeth because you did not know where else to put the blame?

DR. N. C. KEMP: Yes.

DR. H. V. HALBERT: Such differences of opinion are very discouraging to a young practitioner.

In the case of a young child at the breast where is the error of diet? If the child is old enough to run about how can we tell what it has been eating?

In the study of all diseases we find three stages—irritation, congestion, and inflammation. If we find the trouble in the first stage then use such remedies as are known to allay irritation. If in the second stage, such as allay congestion. The irritation may reside in the food itself or be due to outside causes.

I believe the thing for young doctors to learn is to find some remedy that will control congestion. At least this is the best plan until we know more of the materia medica than most young doctors do.

DR. H. P. SKILES: I believe it the duty of the physician to examine everything as well as the teeth and he should never leave the house without taking off the diaper and examining down below. A phymosis, a short frænum, an adherent clitoris, fæcal impaction, fissures, etc., occur in children as well as in adults.

DR. S. LEAVITT: I would like to ask Dr. Skiles if the prepuce of the clitoris is often adherent in girl babies?

DR. H. P. SKILES: Yes; and if I have a little girl with spasms I examine the clitoris as carefully as the penis in the male. If adherent, I push the prepuce back and clean with a probe. If there is much smegma, then there will be inflammation of the vagina; and if there is inflam-

mation of the vagina, there will be inflammation of the rectum, or we may have a fissure of the rectum.

During my illness a year ago, my baby was taken with an obstinate diarrhœa which resisted all efforts of the physicians who were attending us. As soon as I had recovered sufficiently I examined the rectum by means of the baby speculum and found a marked fissure. Treatment was instituted for this, and as soon as it was healed the diarrhœa ceased and the child is now perfectly well.

Last autumn I was called to a child and found that the preceding physicians had examined everything but the rectum. The child was a veritable living skeleton. I dilated and found an inflamed rectum. Dilatation was practiced every day by means of a rectal plug, and the child is now strong and well.

Dr. H. V. Halbert: Do you perform these operations on children at birth?

Dr. Skiles: I never touch a baby until asked to.

Dr. Halbert: Would you give chloroform in such a case?

Dr. Skiles: No.

Dr. Halbert: If you found phymosis at first would you immediately circumcise?

Dr. Skiles: No. I have a profound respect for the Old Testament restrictions in regard to the eighth day. I have only operated once before that time. The patient was a hearty Irish boy and I removed a large amount of smegma on the third day and spasms resulted.

If the orifice of the prepuce is a "pin-hole" I work it back carefully with the fingers and a probe. It may take several sittings before the glans is cleared, as paraphymosis is apt to result if the foreskin is retracted too rapidly. I use plenty of vaseline.

Dr. N. C. Kemp: Does ulceration ever result from retained smegma?

Dr. Skiles: The glans get very sore occasionally.

Dr. L. D. Rogers: I have found a light dressing forceps a very efficient dilator.

Dr. A. H. Winslow being among the visitors present was invited to participate in the discussion: He said I have to thank the essayest for his paper as it has brought up some new things. I agree with his remarks generally except his palliative treatment. If a towel wet in cold water be placed on the chest it will relax the spasm as effectually as the agents advised by Dr. Leavitt.

Dr. H. P. Skiles: It may be interesting in this connection to note the reflex troubles of the brain due to rectal irritation. One of my patients, a boy æt. 10 years, could read easily one day and the next might be unable to read a line of the same article. As there was no trouble with the prepuce I examined the rectum and there found sufficient trouble of the brain to account for his trouble. I cured this irritation and in six months he was as bright as any boy.

Dr. Leavitt, in closing the discussion, referred to several portions of his paper which apparently had been misunderstood by some of the speakers. He further stated that while teething might be the exciting cause, there was some underlying disturbance which permitted so slight an irritation to produce so serious an effect. In regard to a nursing child being free from errors of diet he considered that the milk might be insufficient in quantity, depraved in quality, or that the child was given the breast too often.

Volunteer papers.—The advantages of the metric system.—The secretary announced the receipt of a bulletin relating to the Metric System of Weights and Measures, from the U. S. Coast and Geodetic Survey Department.

On motion, portions were read by the secretary.

In substance the bulletin was to the effect that by an act of Congress in 1866, this system was legalized in this country; and as it had been generally adopted in the arts and sciences, its substitution for the older measures would be of general advantage in medicine and pharmacy.

If this were accomplished it would avoid the annoyances of several sets of standards, none of which bear any relation to one another, and would secure greater exemption from mistakes.

"The actual and intrinsic advantages of the metric system in the arts of medicine and pharmacy are very considerable. The terms used in the old system number at least four, viz.: the grain, scruple, drachm and ounce. To these are really to be added the minim and fluid ounce. The fluid ounce and the dry ounce are not the same, and the factor of each is different. * * * If the metric system is used, there is *but one factor, viz., the gram*, which is divided according to our ordinary or decimal system of numeration."

Furthermore, this would make the weights and measures of the principal governments of the world the same. England and the United States being the only important countries which have not practically adopted this system.

To aid in maintaining a uniform standard of weights and measures throughout the world, an International Bureau of Weights and Measures has been established near Paris, and is supported by the various governments.

In response to the question of the president as to whether any of the members had a practical knowledge of this system,

DR. H. N. LYON said: For the last ten years I have used this system exclusively. It is quickly learned, far more rapid in its application than the older systems, and generally more satisfactory. I hope to see it entirely supersede the standards at present in use.

2. A PLEA FOR MORE COMPLETE REPORTS OF CASES. By H. N. LYON, M. D., CHICAGO.—During my precollegiate days it was my good fortune to have access to the journals of years ago, when Homœopathy and the law of similars were synonymous, and Homœo-eclectisism was unknown. In those days when a case was reported the symptoms were given and not merely the diagnosis.

From a careful study of those old journals, I obtained a knowledge of the Materia Medica which years of text-book work would not have given. The reason I ascribe to the fact that in the cases described the symptoms were related to one another and conveyed a clear drug-picture. Our Materia Medicas are mere symptom-lists, indispensable for reference but illy adapted for the purpose of the student just commencing the study. To Hahnemann we owe our present classification of symptoms, and our later writers

have blindly followed, apparently forgetting that to the beginner isolated symptoms have no meaning.

True, various small works have appeared and met with a ready sale. But they have invariably been condensations of "Hering's Condensed" which in itself consists of a condensation of an exhaustive work planned but never yet finished. Allen's Encyclopedia has carried out Hering's original idea and in addition reports a few clinical cases. But a condensed work is not necessarily a simplified one, and the student finds the same trouble in understanding drug action from the perusal of Guernsey's "Key Notes" that he would from Allen's Encyclopedia, if the magnitude of the latter work did not altogether discourage him from undertaking the study.

Two only of all the books accessible to the general reader give characteristic "drug-picture." These are Farrington's Clinical Materia Medica and Hoynes' Clinical Therapeutics.

Only a few days ago in reading one of the journals for the month I found a "test case" which would have nicely fitted Huckleberry Finn's diagnosis of "*Pluribus Unum mumps.*" No two symptoms of the lot belonged together and some were directly contradictory to others. Yet any junior student would have promptly answered Nux if asked what remedy was indicated. And yet that same student would have been totally at sea with a case that presented a clear "Nux picture" but was not bristling with "characteristics."

It would take a long search in "Hering's Condensed" to trace the occipital headache of Nux to an hepatic origin, and yet in a recent case it was only by tracing symptoms back in the order of their development that the trouble was located in the liver and not in the brain. It was this sequence of symptoms that led to the selection of Nux among several otherwise well indicated remedies—and Nux cured the case.

There is a tendency at present to report the diagnosis and the remedy employed. We may learn from such a

case that arnica cures sprains, or that Mullein oil is good for the ear-ache, although we cannot tell from the article when arnica should have preference over rhus tox. or bryonia.

Merely matching symptoms is not all that is required, and whoever can recall the greatest number of symptoms is not necessarily the best prescriber. Symptoms are the language of disease and on their correct interpretation depends the success of the prescription. A symptom that is characteristic of one drug may be a common symptom of another, and yet, as automatic symptom lists, how are we to tell which it is? In many cases it is only possible to tell by a careful comparison of the other symptoms in order of their appearance.

I do not mean to convey by this that I am a votary of the so-called pathological prescribing. On the contrary a careful comparison of the various "pathies" has convinced me that the most successful prescriptions are those based on the totality of the symptoms. At the same time symptoms have relative values, and, in determining the totality of an obscure case, should not those relating to the original lesion rather than to the reflex troubles it has induced take precedence? That Hahnemann recognized this is shown by his Psora theory. The correctness of his views are demonstrated every day.

In a late number of the *Medical Advance* is an article entitled "Is Hahnemann's Psora Theory an Idle Phantom?" It is an interesting paper, and yet it does not tell why sulphur was used in the case reported, instead of some other antipsoric.

The chief foes of homœopathy are within our own camp and not in that of the Old School. The followers of Galen and Hippocrates are willing to meet us half way, but they justly contend that there are other means than the law of similars by which a cure can be effected. Can we blame them for calling us "Irregulars" when so many of our members are not following any definite rule? And why? Is it not because our students are taught abstract symptoms, instead of learning their clinical relationships?

Does not the present method of teaching the materia medica naturally drive the student to seek a shorter path, and when in the physiological action of drugs he readily sees a relationship between the various symptoms, can we blame him for following this *ignis fatuus?* Are not the "tonics" and "blood purifiers" and anti-constipation pills *et idomne genus* of our pharmacies, the direct result of this bastard prescribing? The Homœopathic pharmacist is no fool; neither does he feel that his mission in this world is to run a medical college. Accordingly he makes that which he can sell.

In a representative "old school" journal (the *Medical News*), of June 14, 1890, is a paper on "Curiosities of Homœopathic Pharmacy." The sentiments of its author, Dr. Robert Reyburn, should be echoed by every disciple of Hahnemann. I am not speaking of those who use the title "Homœopath" as a mask to hide their lack of knowledge.

Have we any need of the "Morbific Products and Nosodes" of Swan? Granting that they have a therapeutic action, have they a therapeutic value? If so, have we not other remedies in our armamentarium that will answer as well? In the use of such disgusting compounds as renal albumen (whatever that may be), pus from a syphilitic bubo, renal calculus, catarrh of the intestines, chancre, milk-crust, pus from abscess of the rectum, etc., are we following our principle of *cito, tuto et jocunde? Cito, tuto,* perhaps, but NOT *jocunde.*

The pioneers of the "new school" reported their cases for the benefit of science, and freely gave of their knowledge to their confrères. To-day a majority of the cases reported seem designed for no other purpose than to advertise the physicians who have reported them. As a consequence the student neglects the report of cases and turns to the clinical lectures which too often concern theory rather than practice.

All readers of medical journals are not members of a "mutual admiration society," as a friend once character-

ized a certain microscopical club in which no two of the members were interested in the same branch. Continuing, he defined his meaning in this manner: "Dr. A. reads a paper on 'Esinophile Cells from Leukæmic Blood.' The rest of us know nothing about the subject, but Dr. A. is an authority in his special work, accordingly we express the pleasure (?) we have felt in a vote of thanks."

For the benefit of those of us who have as yet much to learn, cannot we have the diagnosis of the remedy as well as that of the disease? And rather than this thirst for new remedies, can we not have a better knowledge of those already partially proven, and whose composition renders them worthy of a thorough study?

Of the remedies added to our materia medica during the last fifty years, how many are absolutely indispensable? The remarkable cures by Hahnemann and his pupils are not excelled to-day, although we have ten times the number of remedies. Whatever advance has been made is in the domain of modern surgery and in a better pathology.

3. Cases from practice. By Dr. W. R. Welch, of Herrington, Kansas.—(*a*) *Interstitial abscess of the Cornea.* —*Case.* A farmer æt. thirty-two years, an American, came to me July 25 for treatment for his eye.

About four days previously, while stacking wheat, he was struck in the eye with a head of wheat, which caused some pain for a short time and then did not trouble him for about twenty-four hours, when it began to pain him again and became much inflamed. Thinking there might be something serious, he called on a physician who gave him something to drop into the eye. The pain and inflammation continued to increase in severity, and three days later he consulted me. On examining the eye I found the palpebral conjunctiva very much inflamed and swollen, also the ocular conjunctiva much inflamed, with photophobia and lachrymation. The sight was somewhat impared, with acute pain in the right side of the head extending from the orbit to the occiput. He could not sleep; the appetite was poor, said he had been using cold water on the eye which he thought made it worse.

On separating the lids, I saw what seemed to have been a blister on the cornea. It was slightly depressed. I pre-

scribed hepar sulphur to be taken four times a day internally, and hot fomentations locally.

Two days later, when he returned, on opening the lids I saw a yellow spot on the cornea, about as large as a sugar cone, which covered about one-half of the pupil. I continued the hepar, and had atropine dropped into the eye, which was also protected from the light, thinking that I might with the atropine dilate the pupil sufficient to draw the pus from the center. I found two days later that a greater amount of pus had formed, separating the middle and the anterior layers of the cornea, settling down and forming a well-marked onyx, covering about two-fifths of the cornea.

I at once decided that nothing but an operation would be sufficient to remove the great amount of pus that had accumulated. After having my patient anæsthetized, I performed paracentesis from the inferior outer angle of the eye. The knife entered at the corneo-scleral margin, passed it up and in through the pus cavity to its superior surface, thereby making an opening large enough to remove most of the pus by making gentle pressure from above. Hepar. sulph. 4 times a day, atropine locally and pressure-bandage. This was repeated each succeeding day for three days. I inserted a large surgical needle flatwise into the pus cavity and through the opening first made, turning it up edgewise, then removing and in this way kept the opening from closing until the pus had all escaped. On continuing the former treatment, three days after the operation he was free from pain, could eat and sleep well. Aug. 20th the eyeball is almost of its natural color, the cornea is sound and full, the sight is improving and he is at light work.

(*b*) *Acute suppurative inflammation of the middle ear.*—*Case.*—Man æt. twenty-six years, an American, photographer by trade, was taken, on the 22d of February, 1890, with a severe pain in the right ear. He at once called a physician. The trouble continued and in a few days the pain lessened and the ear began to discharge; the hearing became impaired. The treatment consisted of packing the ear with boracic acid (sometimes leaving it in the ear as long as forty-eight hours); also of blistering over the mastoid process. This treatment was continued until June 9, 1890, when the patient presented himself to me for advice. On examining, I found the ear discharging a thick, yellow, purulent discharge. I also found attached to the posterior

wall of the external auditory canal, a polypus about as large as a pea.

On testing his hearing, I found he could not hear the watch unless placed in contact with the auricle, but the bone conduction was good.

Treatment.—I first removed the polypus, then cleansed the ear with warm water and ordered it to be syringed out twice a day with warm water and thoroughly dried with the probe and cotton, and prescribed hepar sulphur to be taken three times a day, half an hour before meals.

June 15th. I found the polypus had returned, which I again removed and then touched the denuded surface with carbolic acid and blew into the ear a compound, equal parts of boracic acid and iodoform. This was allowed to remain in the ear from four to six hours, and continued the same treatment as before.

June 23d. The discharge has lessened, he can hear the watch at eight inches and there is no pain. The same treatment was continued.

July 6th. I found the ear entirely free from discharge, normal in appearance, the hearing was perfect and he has not felt any trouble since.

4. CLINICAL VERIFICATIONS. By HOWARD N. LYON, M. D., Chicago.—(*a*) *Headache from loss of breakfast.*—In three cases in which the patient had been too busy to stop for breakfast, calcarea carb. relieved the headache.

(*b*) *Headache induced by riding on the cars or over a rough pavement.*—Arnica has invariably afforded relief, and a number of my patients never start on a journey without a bottle of arnica pellets.

(*c*) *Sore mouth from traveling over the alkali deserts.*—Borax, either as a mouth-wash or internally, has been effective in a number of instances in which I have had occasion to prescribe for this trouble. This condition is very prevalent in children traveling in the far west.

(*d*) *Vaginitis from excessive coitus:*—In one case, in the absence of other obtainable symptoms, arnica 200 was prescribed with entire success. The patient was a young half-breed recently married. This prescription was made on a pathological basis, the condition being regarded as a mechanical injury.

(*e*) *Inability to lie on the right side:*—This is a valuable indication for Mercurius vivus when occurring in pulmonary troubles. Like all special indications it must be supported by the general symptoms to be of value; for a symptom that is characteristic of one drug may be a common one of many. I have had the best results in relieving this very annoying symptom from the use of the 200th potency.

(*f*) *Cholera-like cramps with diarrhœa and vomiting:*—These attacks are not uncommon during the warm weather and appear to require three factors for their production: milk, an acid drink and a sudden cold, damp change in the weather. Milk is so commonly used in the form of ice-cream, custards, etc., that the above combination is not an uncommon one. Dulcamara in any potency, in the absence of special indications for some other remedy, relieves.

(*g*) *An Arnica Case.*—Mrs. X., æt. 46. Married and the mother of three children the youngest being thirteen years old. Nervous temperament.

Sept. 1st, 1887, in hurrying to catch a car sprained her left ankle by a stone rolling under her foot.

Although the pain was very severe she managed to reach a seat, when the pain increased to such an extent that for a few moments she was unconscious of what was going on about her.

By the time she had reached her home the pain had so far abated that she was able to walk to the house, a few hundred feet away.

The ankle ached some but did not seriously trouble her until, on attempting to rise from the dinner table about an hour later, she hit it against the table leg. For a short time the pain was intense, but gradually subsided and for two hours she suffered no inconvenience from it. Then on rising from the chair in which she had been sitting since leaving the table she "turned" the ankle again. This time the severity of the pain induced an old fashioned attack of hysterics.

It was at this time that I saw her. On examination no bones were found broken or dislocated, and the tendons were in their proper positions. Motion perfect. Behind the external malleolus was a sensitive area. Pressure on this spot caused acute pain, similar in character to that

experienced at the time of injury. Marked swelling of the tissues about the ankle but not elsewhere.

The pain which had now become steady was not influenced by either active or passive motion of the joint. Skin of foot and limb sensitive to the slightest pressure, so that she dreaded the approach of any one for fear they would touch her or jar the chair.

Three remedies stand preëminent in sprains of this character. They are rhus, bryonia and arnica. Although in general the indications for their use are similar, there is one sign which will always decide between them. This is the effect of motion on the pain. If bryonia is indicated the patient will hold the foot perfectly still and will resist any attempt at motion, as it increases the pain. With rhus, on the contrary, continued gentle motion relieves, and the patient is often found flexing and extending the foot for the relief it affords. In the arnica patient, the pain is absolutely uninfluenced by motion. Another "characteristic" symptom of arnica was present in this case, and that was the fear of being touched by a person coming across the room. Unless this symptom is well marked it is not characteristic, as it also occurs although in a milder degree under bryonia.

Arnica being the remedy called for, a dose of the 3-x was given every fifteen minutes; and a compress wet in arnica tincture diluted with seven parts of water, was applied to the sensitive spot behind the external malleolus, and the limb bandaged tightly from the toes to the knee. The effect of this treatment was immediate, but two doses of the medicine being given before the pain had ceased. She was then carried to the sofa, where in a short time she was asleep.

For a few days there was a slight lameness, but no return of the pain. The arnica was continued for two days, being taken every four hours.

CORRESPONDENCE.

The following letter from the former House Physician of our hospital, who is now traveling in Europe, will be of interest to his many friends among the students, as well as to others among our readers who have not had the good fortune to know him either personally or professionally :

CARLSBAD, August 26, 1890.

My Dear Professor:

A few days ago I heard one of the local physicians speak in a very uncomplimentary manner of a London M. D., who had sent a patient here with pleurisy. He remarked that such a blunder was inexcusable, and that physicians should keep themselves better posted in regard to the various health resorts and avoid making such mistakes and sending patients here with troubles which there was no possibility of the waters helping, if, indeed, they were not absolutely contra-indicated. Thinking that here was a chance of a bit of missionary work among many busy practitioners in our own country who have not had their attention called to it directly, but who are liable almost any day to be consulted by patients with regard to the advisability of a trip to Europe and the "Carlsbad cure," I give below a few facts and general hints concerning the place, which, I hope, will prove of interest if not of value.

This little city of about 12,000 inhabitants, mostly landlords, is located in the German portion of the Austrian Empire, in the northwestern corner of Bohemia. It has an elevation of 1,227 feet above the sea-level and lies in terraces on both sides of a small river called the Tepl, near its junction with the Eger. It is almost surrounded with high hills, thickly covered with a luxuriant growth of pine, fir, oak and beech, with a clearing here and there, that the varied and picturesque views of the adjoining valley and the opposite "Erzgebirge" or ore mountains, may be unobstructed from the numerous walks and drives. The atmosphere is pure and the climate is delightful, the average temperature for the year being 45.3° F.

The place was known in the 12th century, but did not come into prominence until much later. Tradition says that in 1347 it was discovered by the German Emperor, Charles IV., while hunting, hence the name Carlsbad, or Charles' bath. The attractive feature of the place is of course the water, or rather the mineral springs, of which there are in all nineteen. All are hot, the temperature varying in the different ones from 93° to 167° F.

Carlsbad's first "season" as a watering place was in 1756—of which the written "visitor's list" is still extant and contains the names of 134 families. The season lasts from the first of May until the first of

October, and the annual attendance has steadily and rapidly increased Since May 1st of this year, to the present date, this place has been visited by more than 32,000 people, the great majority of whom have taken the "cure." Accommodations for drinking the water and bathing are amply sufficient for even this great number, and are all under the immediate control of the local government, which consists of a mayor or burgomeister, and town council.

In early times the springs were left open, but in 1872-78, the present Mühlbrunn Colonnade, enclosing five of them, was erected at a cost of more than $300,000, and is a model of its kind In 1879 a splendid hall was built enclosing the sprudel, and is entirely of iron and glass

This spring is the oldest, the largest, the hottest, as well as the most celebrated Of late years it has been subdivided and much of it conducted by pipes to the large and permanent bathing establishments, yet it rises in a volume of about 4 in. in diameter to a height of 3 or 4 feet and occasionally spurts as high as 15 or 20 with the steam hissing and spray flying in all directions Every care has been taken and seemingly nothing left undone that would contribute toward the comfort and convenience of the visitors. Good orchestras furnish music daily from 6 to 8 A. M., at the Sprudel and Mühlbrunn springs, besides giving concerts in the afternoons and evenings at the Stadt Park and various *café* gardens. The surrounding hills are covered with a net work of nicely kept drives and walks with plenty of seats every few yards that the weak and weary may rest.

Every visitor who stays more than eight days has to pay a tax whether taking the water or not The amount varies with the ability to pay, and is not excessive in any case. Physicians and ministers escape this and besides have free use of the baths and reading-room Several small hospitals are located here A Government military bath-house, a municipal theater with daily performances of light operas, comedies and burlesques, a large public reading-room and numerous parks and flower gardens all tend to make the place interesting and attractive.

The Carlsbad water is clear, odorless and quite palatable, with a slightly saline taste. Its chief ingredients are *sulphate of soda, chloride of sodium, carbonate of lime half combined, and free carbonic acid*, and above all (I think) *it is hot*. It is customary for patients coming here to place themselves under the care of some one of the local physicians, of whom there are about sixty. They are supposed to be conversant with the special characteristics of all the various springs, and to know to what cases they are especially adapted As to the variety of the cases you shall advise to come here, you have perhaps already formed an opinion, however I will give a list of those derangements in which the Carlsbad treatment is most prominently indicated First in diseases of the *stomach*, especially those brought about by violation of the common rules of hygiene Following in a general way come diseases of the *intestines*,

liver, *spleen*, *kidneys* and *urinary organs*, and such general diseases as *gout*, *adiposity*, *abdominal plethora*, *diabetes mellitus* and *chronic alcoholism*.

In connection with the use of the thermal waters, both internally and externally, a diet suited to the individuality of the case and appropriate exercise are firmly insisted upon. The idea is prevalent here among the laity that the slightest violation of the rules of diet while taking the waters will be followed by dire if not fatal results. The profession has not taken the trouble to disabuse their minds of this popular but erroneous notion, but has taken advantage of it and made it a power for good.

This, together with the following facts, viz: that many of the patients have come a great distance, are paying well for what they get; the surroundings are of the pleasantest nature; their minds are free from business cares, they devote their whole time to getting well; they place themselves unreservedly in the hands of their physician and follow his directions implicitly, is what has given Carlsbad and the Sprudel salt such a world-wide reputation. All of which is apt to make one think if patients would but do one-half as well by their own family physician there would be little need of coming here in pursuit of health; and indeed many of the patients recognize this fact and are not disposed to ascribe all the virtue to the waters, but rather to put it where it belongs.

The quantity of water taken varies from two to thirty ounces daily, although much more may be used without injury. I can say to the credit of the local physicians that they are conservative in the use of the water and its products, and very seldom prescribe drugs for patients who are taking the "cure."

The water is taken principally in the morning before breakfast, and from 6 to 8 a. m. the streets in the vicinity of the springs are literally packed with all sorts and conditions of men of all nations, from the poorest Polish Jew to the pompous English lord, each with a cup or glass hurrying to get in line, or patiently awaiting his turn. When it is most thronged a double line often extends for two blocks from the spring, and when it only takes a moment to fill a cup you can form some idea of the business done.

The length of time for taking the waters is from two to seven weeks, depending upon the nature of the case and the amount taken. Following the "cure" is the "after-cure" of from three to five weeks at some of the numerous little cities it the valley of the Eger, where there are good accommonations, or patients are sent to some of the more noted resorts of Switzerland or Northern Italy.

The most important product of the spring-water is the well-known Sprudel salt, obtained by evaporation. The enterprise is under municipal control and is conducted on a very extensive scale. Last year the

exports of the salt amounted to upward of 100,000 pounds, and the capacity of the works is now being doubled. The water is also bottled at the springs for exportation. The contract is let to a private concern which pays the local government $75,000 annually for the privilege

Carlsbad is easy of access from all the larger cities through coaches being run from most of them during the season A continental trip even if not in pursuit of health, is considered incomplete without a visit and a few days' rest at Carlsbad. I have necessarily omitted many interesting details, but trust the information given will be what some have "been looking for." I remain yours truly,

W. B. Hanna.

Hepatic Abscess.—In his *Memento Thérapeutique*, Joussett gives the following indications for the four principal remedies in abscess of the liver:

Lachesis. This form of abscess is one of the lesions caused by the serpent-bite. It is strongly indicated for the icterus, pain in the hepatic region, the remitting fever and the prostration.

Mercurius is indicated by burning, lancinating and contusive pains in the region of the liver, by hypertrophy and induration of that organ; by jaundice and fever with copious perspiration. It may be alternated with lachesis.

Arsenicum is suited to an advanced period with prostration, a remittent type of fever and the serious conditions proper to internal suppuration.

Silicea, which is always indicated in suppuration, is especially called for when there is swelling and induration of the liver and a throbbing pain that is increased by the touch and by motion.—*L' Art Médical*, Sept., 1890.

Clinical Reviews.

TUBERCULOSIS OR PULMONARY CONSUMPTION, ITS PROPHYLAXIS AND CURE BY SURALIMENTATION OF LIQUID FOOD. By W. H. BURT, M. D., OF CHICAGO, ILL.; pp. 234.

This is the somewhat lengthy title of a small volume that has just appeared from the house of Keener.

Just why this book was written is not apparent, as the author has not even couched the old ideas in new words. He has, however, brought together in one volume, many scattered fragments—some gems, others only dross. His suralimentation theory he has resurrected from among the simples of the hydropaths and old ladies and expects it to "*cure more than fifty per cent of the patients that would have to die, with the best methods known to medical science.*"

The fore part of the work is devoted to the ætiology, prophylaxis and diet of consumption. Some portions are of considerable interest, but as the proof-reader has apparently neglected this part, they cannot be blindly followed.

In places the author is almost too arbitrary, especially where he considers the germ theory; and a few of the chemical and physiological statements are rather startling.

The last half of the work is devoted to remedies and auxiliary agents. This portion will repay a careful perusal.

The style of this part of the work is clear and terse and the range of action of the various drugs is admirably described. H. N. L.

CLINICAL DIAGNOSIS. THE BACTERIOLOGICAL, CHEMICAL AND MICROSCOPICAL EVIDENCE OF DISEASE. By DR. RUDOLF V. JAKSCH. Translated from the second German edition by James Cagney, M. A., M. D. London and Philadelphia. 1890. Illustrated.

This is a neat volume of 400 pages, and is one of the most valuable books that has appeared during the present

year. For the physician who is abreast of the times and recognizes the value in diagnosis of the exact methods of modern chemistry, microscopy and bacteriology, this work will prove indispensable, containing as it does the latest methods of research in these fields. For the physician who is competent and has the facilities for making his own examinations this will be a valuable adjunct to the laboratory. He who depends on the chemist and microscopist for his analytical work will need this book to fully understand the importance of their reports. H. N. L.

L'HYPNOTISME THEORIQUE ET PRATIQUE, par le DR. PAUL MARIN, Paris, 1890.

Hypnotism is one of those things that are very much talked about and very little understood, not only in social circles but also among the profession. Here comes from the other side of the water, from Paris, where of late the subject has received considerable attention at the hands of prominent scientists, a small and unostentatious but valuable book, which well deserves being reviewed for the benefit of the readers of the CLINIQUE.

The author introduces the subject by giving a very interesting retrospective *exposé* of such mysterious practices as are known to have existed among the Greeks and the Romans, and no doubt also in much older civilizations, such as the Egyptian and the Hindoo. The reflections and the historical facts he gives about the strange epidemics of sorcerers and unfortunates who were believed to be possessed with the devil, and treated accordingly, all through the mediæval ages, is well worth personal perusal by any one afflicted with a superstitious turn of mind.

Much as philosophy, hypnotism seems to have passed through three periods of development—the mystic or theosophic, the empiric and the scientific periods. That the first of these phases has thrown deep roots into the human mind is unquestionable, and many people even nowadays labor under the apprehension that hypnotism is an uncanny practice, bringing into play some supernatural power.

Historically, however, the period of mysticism proper, was brought to a close toward the end of the eighteenth century by the birth of mesmerism. Here begins the empiric period (empiric not to be taken here to mean experimental), wherein the infernal or celestial influences of

ages gone by are replaced by a power simply human, but only possessed, as it were, by a few exceptionally gifted people who, by the way are masters in the art of imposing upon their fellow-creatures.

Mesmer was a curious personality indeed. It is a question whether he knew better or more than he taught. True enough he made some startling experiments in Paris and elsewhere, but if we were to apply to him the test of disinterestedness, which every honest apostle of truth ought to be able to stand, his character would not hold water. He contented himself with propounding his theory of the universal magnetic fluid, which explains none of the facts in the case, pocketed large sums of money from Marie Antoinette and a few wealthy dupes, but held fast to his famous secret, disgusted everybody and died rich, but forgotten, in a small German town, in 1815.

We must, however, give Mesmer credit for having called attention to a class of nervous phenomena, which, though as old as the hills, had been neglected by the men of science, since the movement of curiosity he thus created, and which his disciples, Puysigur, Faria, Du Potet, etc., kept up, finally led the way to the experiments of James Braid, in 1841.

From Braid dates the new era into which hypnotism has entered, the scientific period of its history. Braid has demonstrated the essentially subjective nature of the hypnotic phenomena, the subject acting the all-important part, while the experimenter is a mere outsider whose personality is of no account in the matter. Braid's way of putting his subjects to sleep was to hold a glittering object in front of them, at the same time directing them to look steadily at it. He claims that under the influence of the nervous fatigue resulting from the concentration of vision on one focus, the pupils would first contract, then dilate considerably, and finally the lids, after a few involuntary jerks, would close and the subject fall asleep. A cogent proof that this process of hypnotization has nothing to do with any mysterious influence of the "magnetiser," is that any one who is so disposed may fall into the hypnotic condition by simply gazing at one's finger held before the eyes for a few minutes. It is a well-known fact that the monks of Mount Athos hypnotize themselves by looking intently at their navel. The Fakirs of India simply fall asleep by looking at the tip of their noses. This is auto-hypnotization, which

Braid had observed, as, in fact, most of the phenomena observable during the hypnotic sleep.

There are other methods by which this latter condition can be induced, that for instance of "fascination," which is a favorite one with professionals: the same result can be obtained by closing both eyelids with the thumb exerting thereby a slight pressure upon the bulbs, while the tips of the fingers make regular short passes over the temples. With some subjects a slight, continual pressure over the vertex is all that is needed. Again, other subjects present on various parts of the body invisible *hypnogenic zones*, the pressure of a finger over which will suffice to throw them into deep hypnosis. Only those subjects cannot hypnotize themselves by pressing over the said zones.

The so-called "magnetic passes" are naught but persisting titillations of the sensitive surface of the skin. Out of the formidable arsenal of Mesmer this latter method is the only survivor.

But the most remarkable method assuredly, is that by "suggestion." Dr. Bernheim, of Nancy, seldom uses any other means of hypnotization, and is very generally successful. He claims that all he has to do is to gently suggest the image of sleep to his subject and to gradually impress it upon his brain. A most remarkable fact is that some particularly sensitive subjects can be put to sleep by suggestion in the absence of the experimenter, and even at a long distance either by letter or by telephone.

Braid defined hypnotism as "a peculiar condition of the nervous system brought about by artificial maneuvers." Elastic and indefinite though the definition be, science has accepted it for the nonce. What modifications of scope or meaning the probable development of our knowledge may work in the future it is hard to predict, and our author willingly shuns the subject. He is right. Let us take things as they are and keep our eyes wide open.

One thing is certain— that Braid's discovery would have remained unknown, or sterile, or discredited, had not Prof. Charcot come to the rescue with the prestige of his name and authority. From the remarkable series of clinical lectures delivered at "la Salpètrière" by the distinguished specialist in 1878, in the course of which he provoked experimental somnambulism on a number of hysterical patients, dates the entrance of hypnotism within the pale of recognized science. And no doubt Charcot deserves great credit for coming out boldly as he did, since by adopting the

course to which honest conviction and a due regard for truth impelled him, he certainly ruined his reputation in the eyes of many narrow-minded brothers in the profession, besides alienating forever the sympathies of the countless tribe of the bigoted. Since then a brilliant pleiad of original thinkers and experimenters have contributed the result of their valuable researches, among whom P. Richer, Regnard, Féré, Luys, Dumontpallier, Magnin, of Paris; Beaunis, Bernheim, Liébault, Liégeois, of Nancy; Pitres, of Bordeaux; Ladame, E. Yung, of Geneva; Heidenhain, Berger, and Obersteiner, in Germany.

It really seems as though the scientists all over the world were vying with each other in their efforts toward making up for time lost in systematic negations and silly discussions.

Following Charcot's classification the author gives us a graphic description of the three main degrees of complete hypnotism, viz: the cataleptic, the lethargic, and the somnambulic states. While in the lethargic state, the subject is no better than a corpse; his intelligence is gone, his senses and general sensibility are abolished. While in the cataleptic state, he is reduced to the condition of an automaton; the intelligence is obscured, but the organs of sense are sufficiently preserved to enable him to see, hear, and mechanically execute a few instinctive movements under proper stimulation. It is very different with the somnambulic state. While in that condition the senses are not only preserved, but they exhibit an extraordinary exaltation. The intelligence of the subjects, memory especially, is also considerably increased. It is an invariable rule that they forget all of what has taken place during their sleep, only to regain consciousness thereof when thrown into the same hypnotic condition again. This is of course, of the utmost importance from a medico-legal standpoint.

Thus has the author led us on to the consideration of the central fact of hypnotism, viz.: of what has been called "suggestion." Much as there is that is surprising in the foregoing phenomena, the facts brought to light by the study of suggestion are of an entirely unexpected and almost incredible nature. Still they are hard facts, and no amount of skepticism will prevail against them.

No suggestion is possible during the lethargic state, the subject being "*perinde ac cadaver*;" during the cataleptic stage only suggestions of motion will be perceived, whereas

in the somnambulic stage every kind of suggestion is possible.

It is proper to observe here that some subjects become easily susceptible, even when placed only in a slight hypnotic somnolence. Moreover it is notorious that many persons present, without any hypnotic intervention, that peculiar passive and inert state of the mind which is the very condition of suggestibility. Then also it is possible, during hypnosis, to suggest an action which shall not be accomplished until the subject wakes up, and the effect of such a suggestion may last for weeks, months and even years. This is the *post-hypnotic suggestion.* One may readily understand its dangerous character with regard to the commission of crime by irresponsible persons.

Almost any kind of hallucination can be excited during hypnosis, and can be made to become post-hypnotic. If you suggest to a subject that when he wakes up he will find a beautiful rose in his hand, he will actually see the rose; he will admire its beauty; describe it minutely; he will smell it and enjoy its fragrance. Conversely if you suggest to your subject that when he wakes up he will not see you, because you will have left, he will look around for you, as he comes out of his sleep, but you have become invisible to him. You may speak to him, scream into his ears, pinch him, it will all be lost on him. You exist no more for him, he is dead to all impressions arising from you.

Absent, dead, imaginary persons may be suggested and will be seen. A glass of water may be made to act as an emetic if emesis be suggested; it may be turned into whisky and will be followed by the phenomena of drunkenness. The awful incantations of Circe are but child's play nowadays: it may be suggested to the hypnotized person that he is somebody else; you may turn him into an animal if you choose: as a goat, he will jump over the furniture, as a hare, he will fly from a dog, etc.

It has been possible to bring about by means of suggestion a series of phenomena which for the physiologist and the physician present an interest of the highest order. Thus it is that a glass of water may be made to act as a cathartic; that a small square piece of paper will act as a blister, when a real vesicatory will cause no trace of irritation on the skin if it be suggested that it is only a square of paper. Curiously enough, the heart-beats may be accelerated or retarded by suggestion. Local hyperæmia

of the skin may be caused and pushed on to actual oozing of blood through the integument. Nose-bleed may be brought about; the catamenia can be retarded, advanced or suppressed, and what is more dangerous, abortion can be caused by simple suggestion. Likewise it is possible to modify the secretory functions of various glands of the skin. Truly wonderful as all this is it appears tame when compared with the phenomena of "mental suggestion" as described by Ch. Richet, Luys, Bourrn, Burot, etc.

Up to the present we have seen that the orders given by the hypnotizer and executed by the subject were of a more or less tangible nature, that is expressed by word, mimic or writing. But it seems as though with some very sensitive subjects it were sufficient for the experimenter to fix his mind upon an idea in order to impress it upon their brain, eliciting thereby a motion, or an act correlative to that idea. Now this can be accomplished, even at a long distance, and while the subject is wide awake. What is this but thought-transference? When Alexandre Dumas wrote his famous novel "Joseph Balsamo" he was far from dreaming he knew so well. Here the weird antics at Cagliostro are realized by sober science.

Among many other startling experiments, our author cites one which, apparently, might be of special interest to our school. We refer to the action of certain drugs at a distance. Such has been observed by Luys, Bourrn, Burot, etc. This is the way the experiment is conducted: The drug is bottled up in a well-corked bottle and covered vial and placed at a distance of 2 or 3 inches, near the cervical region of the subject previously hypnotized. Soon the symptoms peculiar to the drug will manifest themselves on the subject. How shall we explain this? Is it not the effect of a suggestion arising from the diffusive activity of the drug, the difference with mental suggestion being one of kind only? Why should not drugs have a mind or spirit of their own? Is not spirit present everywhere? What if we were to revise our materia medica in the light of this drug-spirit suggestion? It is only fair to add, however, that the above phenomena still need confirmation.

As a counterpart to the almost bewildering nature of what precedes, the author strongly denies any lucidity or power of divination whatsoever to somnambules.

Moreover, he forcibly deprecates the public séances of hypnotism which the so-called "professors," such as

Donato, Hansen, etc., are so fond of giving, as being not only very dangerous for the nervous and weak-minded persons who frequent those exciting shows, but very detrimental to the health of the subjects who are made the victims of the greed, ignorance and brutality of that class of operators.

With regard to its application to therapeutics, hypnotism opens a wide field to operation and experimentation. Surgery or obstetrics cannot longer despise or neglect a method which will readily produce anæsthesia, analgesia, paralysis or absolute immobility, without any danger. The physician confronted by obscure and rebellious nervous troubles cannot afford to ignore or be ignorant of a means of treatment which favorably modifies the innumerable manifestations of hysteria, may control chorea, tetanus, epilepsy; may cure all forms of neuralgia, megrim included; dispel spastic stricture of the urethra, nocturnal incontinence of urine, as well as many stubborn affections of the eyes, etc., etc. In the field of mental alienation the hypnotic method has already achieved unexpected and most gratifying results.

Another remarkably successful application of hypnotic treatment has been made to inveterate cases of dipsomania and morphiomania. Were this its only achievement how grateful should we not feel! But hypnotism promises and will hold much more. Only one cannot improvise himself hypnotizer; knowledge and practice are to be acquired in order to avoid dismal failures, and not to inflict on patients what might follow badly conducted experiments.

The author goes on studying the manifold bearings of hypnotism on pedagogy, on medical jurisprudence, on philosophy and religion, on art, literature and the public press; but the scope of this review forbids any further analysis of the subject. Enough has been said, it is hoped, to incite research and inquiry on the part of such serious minds as may feel inclined to know more.

Such is this excellent little book. It is a work of vulgarization, essentially, and as such is to be commended to beginners. The presentation of the subject is able, clear, methodical and concise. The tendencies of the author are liberal, but although his views are broad, his conclusions are reserved.

Whatever the destiny of hypnotism may be, whatever role it may be called upon to play in our social midst, the central fact remains that it strikes at human consciousness.

It acts upon it by modifying it. To-day, science, including medicine, stands on the threshold of a new world—the world of dynamism.

As Prof. Buck said in his address at the last session of the American Institute of Homœopathy, "For the first time since the advent of homœopathy it meets a rival in its own domain, viz.: dynamics."

Experience and later developments in the rich vein thus struck will tend to prove more and more that Hahnemann's spiritual conception of disease was the correct one, and that his attempt at drug-spiritualization, as it were, in order to meet disease on its own ground, was the flash of genius which announced the dawn of a new era.

B. S. ARNULPHY.

THE FAMILY HOMŒOPATHIST, OR PLAIN DIRECTIONS FOR THE TREATMENT OF DISEASE. By E. B. SHULDHAM, M. D., ETC., ETC. Seventh Edition. London: E. Gould & Son, 59 Moorgate St.

Although Homœopathy has fairly captured a good share of the most intelligent people in all the larger communities; and although there are not many cities or towns in which its practitioners are not to be found, still there is no question that good books for family practice have a useful place in our literature. They have made and held many friends for the cause in times past, and by the grace of competent authors, like Dr. Shuldham, and of enterprising publishers, like Gould & Son, they will doubtless continue to do so in the days that are to come. This little book will not act as a decoy but will really help those who consult it to appreciate a good physician when matters are serious enough to require skilled service.

Hospital Notes.

THE GYNECOLOGICAL CLINIC.

SERVICE OF PROF. LUDLAM.

At his clinic in the Hahnemann Hospital on Wednesday, September 3, 1890, Prof. Ludlam showed a number of interesting cases and made some clinical remarks upon a few them, of which the following is a free synopsis:

MENORRHAGIA WITH POSSIBLE PREGNANCY.—*Case 20,629.*—Mrs. —, aged 59, has been married eleven years and is the mother of two children, the eldest of which is ten and the youngest seven years old. She had normal and easy labors, and no abortions. From the age of fourteen to seventeen she always had severe pains each month in the back and abdomen, accompanied with sinking spells; but the menstrual flow did not appear until she was nearly 18 years old. From that time until she became pregnant with her youngest child she had a very comfortable time at the monthly period. Since weaning that child, however, at its fourteenth month, she has had attacks of excessive flowing, which at times would continue for from two to three weeks. Sometimes they would oblige her to keep to her bed for several days. Again the flow would last but a few days. But, as a rule, she was seldom free from the hemorrhage for more than one or two weeks at a time. June 5 she began to flow and the discharge continued until July 12, being at times very profuse. The discharge has always been of a bright red color, odorless, and accompanied by no pain save a weakness in the lumbo-sacral region.

From July 12 there was a complete cessation of the flow, but August 14 she was awakened at 2:30 A. M. with a profuse hemorrhage that continued for two hours when two large clots as big as the fist, and one of which was of firmer texture than the other, were passed. There was no expulsive pain with the escape of these clots. Since that time until now there has been a slight discharge of a rusty color.

For the past four years she has had a leucorrhœal flow resembling the white of an egg, thick and adhesive. It has no odor, but is sometimes excoriating. She is usually constipated, the appetite is good and she sleeps well.

There are so many kinds of menorrhagia that we must proceed carefully with the analysis of this case. Our good friend Mrs. Dr. Soule has brought it here because it is of a complicated nature and because the usual remedies have failed to correct the condition upon which the unnatural flow depends. Let us try the precious principle of *exclusion*, to which we owe so much already. If your attention has not been distracted while the notes of the case were being read, some of its features must have reminded you of uterine carcinoma. But a single fact is sufficient to disprove the probability of any such lesion in this case. For you remember that here, as in private practice, cases of cervical cancer are extremely rare in young subjects, say before thirty-five years of age. Nor do the other signs correspond, for the leucorrhœa is not watery, neither is it offensive in character. A persistent corrosive leucorrhœa in a woman who is past forty or forty-five, is probably due to uterine cancer in some form. The rusty flow is due to a slight passive hemorrhage and to the contact of the discharge with atmospheric air.

The objective symptoms may help us out a little. To the touch the cervix is enlarged, somewhat soft and turgid, and the os-uteri sufficiently open to admit the first joint of my index finger. This patulous orifice may be due to an old laceration of the cervix. But the bi-manual examination discloses a swelling chiefly at the right of the mesian line, which is movable laterally but not toward the umbilicus. It is slightly tender to pressure and is surrounded by an area of resonance on percussion. When I press upon the swelling externally and move it from side to side, with my right index in the os-uteri meanwhile, I find that the movement is imparted to the cervix and that the tumor and the uterus move together. The growth is therefore

uterine and inclines to the right side just as it does in most cases of pregnancy.

But, you will ask, can pregnancy persist through such attacks of hemorrhage and progress to term when a woman has lost so much blood? Certainly, it may happen, for there are women who continue to menstruate, and freely, too, nearly or quite to term; there are those who menstruate only when they are pregnant; and there are those who flow freely because of disease or of a progressive detachment of the placenta. Its mal-location in placenta prævia is sometimes a source of frequent and terrible flooding during gestation. But the boggy condition of the cervical zone of the uterus that is characteristic of placenta prævia is lacking in this case.

The breasts have been somewhat enlarged. Now they are flabby, and as you see, the areola is not very pronounced. The enlargement of the muciparous glands, which constitutes Montgomery's sign of prégnancy, is lacking, and so, also, is a history of morning-sickness. She has insisted that she was pregnant, because of the development of some varicose veins on the inside of the right thigh, which are plainly visible to the class, and which she had while carrying her other children in utero, but never at any other time. She does not know, nor does any one know (for the doctor has not treated her but a little while), when this lump first appeared in the right abdomen; but she is persuaded that it is steadily increasing in size. And whether this increase is due to pregnancy or to the presence of a fibroid, it will perhaps account for the recent development of the varicose veins from the intra-pelvic pressure which simulates that of the gravid uterus.

Under these circumstances the doctor has very properly desisted from exploring the uterine cavity by the passage of the sound or otherwise, and now that the flow has ceased and there are no urgent symptoms, we should follow her lead in a conservative way. If I felt justified in the use of the sound, or in dilating this cervix, it would, I think, be possible to arrive at a correct and complete diag

nosis of the case. But that would involve the possibility of mischief for which at present there is no warrant. To wait a little can do no serious harm in this case, and if the symptoms recur, if the hemorrhage repeats itself persistently, the thing to do will be to dilate the cervix freely, and at a single operation to cleanse the uterine cavity of whatever it may contain that is abnormal and that may tend to keep up this menorrhagia. Besides, if she really happens to be pregnant, the diagnosis will be cleared up by the subsequent development and we shall have done no harm. She will take china 2, a good nutritious diet, with acid drinks, be very careful not to overdo in the matter of exercise and return to the clinic a little farther on.

DYSMENORRHŒA WITH ACCOMPANYING TYMPANITES. *Case 20630.* This patient was brought to the clinic by Dr. B. F. Norton. She is 21 years of age, began to menstruate at 18, but had previously had severe neuralgic, sick and throbbing headaches that were somewhat relieved by the setting in of the flow. With the advent of the menses she began to have ovarian pains, but mostly in the left inguinal region. These pains still continue to recur, and are of a sharp and sudden stabbing character. From the region of the left ovary they extend down the course of the genito-crural nerve. They are aggravated by pressure of the clothing and by walking. She can walk only a very short distance, and cannot remain in a sitting or standing posture for any length of time. The menses were and still are scanty, irregular and delayed and accompanied by severe attacks of neuralgia. At first the discharge was slight and there was great pain and bearing down, backache, severe headache, flushing of the face and cardiac oppression. The dysmenorrhœa recurred at every period. For the delayed menstruation, sometimes amounting to amenorrhœa, her former physician had dilated the os-uteri. All of her symptoms are aggravated at the menstrual period when she suffers very much from bloating of the abdomen. For the relief of this latter symptom some physician had painted the abdomen with the tincture of iodone but without benefit. She is supposed to have had an abortion at the fourth or fifth week some months ago; she has also had an attack of gonorrhœa which has not been entirely cured. She has an occasional leucorrhœa with burning on urina-

tion. The tympanitic distention is always most pronounced in the ovarian regions.

One of the most frequent and troublesome symptoms of dysmenorrhœa, in nervous and neuralgic subjects especially, is a tympanitic distention of the abdomen. If this symptom always arose from the same cause, or had the same clinical significance in every case, it might easily be disposed of. But it varies in different patients, and even in the same patient at different times. One young woman will have it from tight lacing, and you can readily see that this woman's waist is so constricted that everything below the girdle is thrust downward and out of place. Another has it from indigestion and its accompanying constipation. These are the cases in which the flow either makes its advent with, or is always accompanied or followed by a diarrhœa that is critical of the monthly period, and which serves to relieve the dyspepsia and the abdominal distention as well. With a third the root of the trouble is in a relapsing ovaritis of a mild type with a resultant hysteria, in which the abdominal enlargement is due to nervous causes and nothing more. In the latter the more pronounced the hysterical manifestation the more decided the tympanites. * * * * *

This case is of the neurotic type. Its early history, especially that part of it which antedated puberty, gives abundant proof of that fact. For she had the severe headache and the neuralgia, but did not have the pains in the iliac regions and in the left leg before the menses were established. Indeed the early existence of these morbid conditions had the effect to delay the first advent of this function. So that she had everything but the dysmenorrhœa and the abdominal distention before she was 18, or when she first menstruated.

Here then, was a general predisposing cause. Locally, the first ovulation and its contingencies left the seeds of a relapsing ovaritis, with more or less of peritonitis of a circumscribed character. From this condition to one of salpingitis was but a short step, especially when she had had an abortion and an attack of gonorrhœa besides. * * *

The form of tympanites of which this woman complains is local and limited, and might properly be called menstrual. Whenever this peculiar bloating occurs as a sequel of ovarian or of tubal inflammation it constitutes a kind of Fallopian colic that adds very much to the suffering in dysmenorrhœa. And it is a symptom that cannot be radically disposed of until the general condition or the lesion upon which it depends is thoroughly mastered, either by medical or by surgical means, or by both of them combined.

There is another possible source of menstrual tympanites of which I have not yet spoken, and that is the occurrence of flexions of the uterus. I pass the sound in this case, and now you will observe that it discloses an anteflexion. It is quite likely that this has been one factor, not only in blocking and delaying the flow, in the pain experienced through pressure upon the nerves that were involved in the tipping of the over-weighted uterus, but also in the distention of the tube, or tubes, and possibly of the iliac peritoneum also. Even the milder degrees of anterior flexion may cause a deal of suffering and of mischief in this way, and the longer the trouble is allowed to continue with monthly exacerbations, the more difficult it will be to cure these cases. (*Exit the patient.*)

A very important consideration in the treatment of this case concerns the period at which the gonorrhœal infection took place. If it occurred in connection with pregnancy, and had anything to do with the abortion, the tubal mischief has the puerperal stamp, and it is incurable by any except surgical means. I have not much faith in our being able to learn the facts in the case, but, if it is possible, this question must be settled before an abdominal section is decided upon. It would not be proper or expedient to cut all of these cases indiscriminately, for a considerable share of them are curable by other and milder means. We should discriminate very carefully and not commit ourselves unreservedly to any one theory of disease in the uterine appendages, or to any single method of treating them.

Miscellaneous Items.

This issue having been delayed, we note that the Thirty-first annual session of the Hahnemann College and Hospital was opened on Tuesday evening, Sept. 16th, with the usual exercises and a most enjoyable reception.—Prof. Halbert's Introductory was the very best thing of its kind, and, enough to say, will appear in the next CLINIQUE.—The Course began with more than 200 *bona fide* students, matriculates on the benches.—Because of the serious illness of Prof. Gee, his partner, Prof. H. C. Allen, will assist Prof. Hawkes in the course on Materia Medica and Therapeutics.—Dr. June A. Whittlesey, '90, has located at 321½ S. Spring St., Los Angeles, Cal., and Dr. Harriet G. Miner, '90, at 558 Chestnut St., Englewood, Ill.—In Prof. Arnulphy's lecture on "Aortic Stenosis and Phthisis" at pp. 315, line 21, and 316, line 22, the word should be *hypotrophy*, a new word signifying under, or defective nutrition.—The Class was especially pleased with the opening lectures of Profs. Arnulphy, Allen and Blackwood.—The Gynecological department of the Hahnemann Hospital is now furnishing five clinics per week.—Dr. Belle L. Reynolds, who for eleven years past has been the excellent and faithful assistant to Dr. Ludlam, has accepted the position and entered upon the duties of Assistant Physician to the Pennoyer Sanitarium, at Kenosha, Wis.—Our sympathies are extended to Dr. and Mrs. A. M. Stephens, of Chatfield, Minn., on account of the loss of their promising son of 18 years.—Prof. Hall has resumed work again; Prof. Crawford will be on deck October 1, and Prof. Fellows has nearly finished his holiday.—The new motto for a tippling doctor is "similia similibus decanter."